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Substitute for Form PTO-875									1101	719 63	6
CLAIMS AS FILED - PART I										OTHE	D TUAN
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	CLAIMS AS AMENDED - PART II										·
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4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+8 =				
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".											

"" If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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